

# LOUISIANA SENATE



**J.P. MORRELL**  
Senator ~ District 3

September 22, 2014

Ms. Rita L. Arceneaux  
Louisiana State Board of Medical Examiners  
P. O. Box 30250  
New Orleans, LA 70190-0250

Ms. Cynthia Mouton, MD  
Louisiana State Board of Medical Examiners  
P. O. Box 30250  
New Orleans, LA 70190-0250

Dear Dr. Mouton and Ms. Arceneaux:

As a State Senator who represents thousands of Louisiana residents, I am disappointed in the Louisiana State Board of Medical Examiners attempt to restrict the ability of Nurse Practitioners to provide care, which will further reduce access to health care for not only my constituents, but families across Louisiana. Furthermore, this is an effort to centralize control of healthcare resources with the Medical Board.

The following are my concerns (**in BOLD print**) with the proposed rules:

## **Section 7711**

### **Eligibility; Required Components of Clinical Practice Agreement NOTE NAME CHANGE**

- A. To be eligible to engage in collaborative practice with an APRN a physician shall:
2. be actively engaged in the clinical practice of medicine and the provision of patient care, in the same field or area of patient care in which the collaborative practice is to take place; **INSUFFICIENT NUMBER OF PSYCHIATRISTS IN RURAL AREAS (Practice Location)**
  3. have signed a collaborative practice agreement as described in R.S. 37:913(8) and (9) with an APRN that complies with the standards of practice prescribed by Sections 7715-7719 of this Chapter and, in addition, shall at a minimum include:

New Orleans Office  
6001 Stars & Stripes Boulevard  
Suite 221  
New Orleans, LA 70126  
Phone: 504.284.4794  
Fax: 504.284.4796

St. Bernard Office  
100 Port Boulevard  
Suite 30  
Chalmette, LA 70043  
Phone: 504.278.6501  
Fax: 504.278.6502

Jefferson Parish Office  
General Government Building  
200 Derbigny Street  
Suite 4300  
Gretna, LA 70053

Satellite Office  
1659 Burbank Drive  
New Orleans, LA 70122

Email: [morrelljp@legis.la.gov](mailto:morrelljp@legis.la.gov)

- a. a plan of accountability among the parties that addresses:
  - ii. a plan for hospital and other healthcare institution admissions and privileges which provides that a collaborating physician must have hospital privileges at an institution before an APRN receives privileges at the same institution; **MANY PHYSICIANS NO LONGER HAVE ADMISSION PRIVILEGES AS HOSPITALS EMPLOY MD HOSPITALISTS**
  - iii. arrangements for diagnostic and laboratory testing; and
  - iv. a plan for documentation of medical records;
- b. clinical practice guidelines as required by R.S. 37:913(9)(b), documenting the types or categories or schedules of drugs available and generic substitution for prescription by the APRN and be:
  - i. mutually agreed upon by the APRN and collaborating physician;
  - ii. specific to the practice setting;
  - iii. maintained on site;
  - iv. reviewed and signed at least annually by the APRN and physician to reflect current practice;

**FORMULARIES VARY FROM INSURANCE TO INSURANCE AND PATIENT TO PATIENT**

- c. availability of the collaborating physician when he or she is not physically present in the practice setting:
    - iii. confirming that in the event the collaborating physician and any secondary (back-up) collaborating physician(s) are unavailable, the APRN will not prescribe;
- SUPERVISORY NOT COLLABORATIVE**

The notes in bold place the collaborative MD in much more supervisory capacity and the next section confirms this:

Section 7715

**Authority and Responsibilities**

- A. A collaborating physician shall:
  - 1. **ensure** that patients of the collaborative practice are informed that the APRN is not a physician and is properly representing his/her credentials;
  - 2. **ensure** that the identity, contact information and availability of the collaborating physician, back-up physician(s) and APRN is available to patients of the collaborative practice;
  - 3. **if patients of the collaborative practice require hospital admission, have admitting privileges at a hospital or an arrangement in place to provide hospital coverage for such patients. In no event shall the plan for hospital admission of such patients consist solely of referral to a hospital emergency room; and**
  - 4. ensure that any arrangement or financial relationship with an APRN is structured so as to prohibit interference or intrusion into the physician's relationship with patients or the exercise of independent medical judgment.

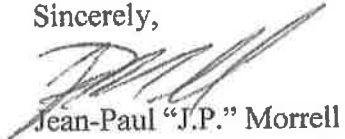
B. Non-Shared Practice Sites; Quality Assurance. In addition to the authorities and responsibilities required by Subsection A of this Section, where the collaborating physician does not share any practice site with the APRN, the collaborating physician shall:

1. visit the APRN's practice site at least monthly during regular office hours and review at least 10 percent or 20 charts, whichever is less, of patients of the collaborative practice for purposes of quality assurance and to assure that the APRN is practicing in accordance with the collaborative practice agreement. If the APRN has been granted prescriptive authority for controlled substances, such review shall also include controlled substances prescribed by the APRN to patients of the collaborative practice and may include the Board of Pharmacy Prescription Monitoring Program information; and

Words such as ENSURE and REVIEW and MONITORING reflect a substantially different view of the role of the Collaborative Physician and more clearly place him or her into a definite supervisory role.

I, therefore, request that until the State Legislature clarifies what an APRN can and cannot do, that these rule changes be denied.

Sincerely,



Jean-Paul "J.P." Morrell  
State Senator, District 3